

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 12 AM 7:54

RECEIVED
BUREAU OF REVENUE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083011

1. Corporation Name

LEGAL ACTION WORKS, INC.

2. Principal Office Address

230 VIA D'ESTE

Suite, Apt. #, etc.

APT. 1504

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

3. Mailing Office Address

230 VIA D'ESTE

Suite, Apt. #, etc.

APT. 1504

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 1993

5. FEI Number

65-0474066

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICIA J. WARREN

Street Address (P.O. Box Number is Not Acceptable)

230 VIA D'ESTE

Suite, Apt. #, Etc.

APT. 1504

City

DELRAY BEACH

State

FL

Zip Code

33445

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Patricia J. Warren

REGISTERED AGENT MUST SIGN

Date May 31, 2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>PATRICIA J. WARREN</u>	<u>230 VIA D'ESTE APT 1504</u>	<u>DELRAY BEACH, FL 33445</u>
<u>Treas</u>	<u>PATRICIA J. WARREN</u>	<u>230 VIA D'ESTE APT 1504</u>	<u>DELRAY BEACH, FL 33445</u>

500076298485
06/16/06--01042--025 **1050.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Patricia J. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31, 2006 561-346-4665
Date Daytime Phone #